



Application #:	Permit #:	Date Received:
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## MECHANICAL PERMIT APPLICATION

Submit one application for each building or structure. Please print or type. All sections must be completed.

1	Project Address:																																
2	City/Village/Township:	3	Parcel ID#:																														
4	Type of project: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Other																																
5	Cost of work covered by this application: \$																																
6	Were these plans submitted as a result of an Adjudication Order? <input type="checkbox"/> Yes <input type="checkbox"/> No																																
7	Description of Project:	8	Number of units:																														
		9	Building Area (gross sf):																														
10	Property Owner:		Attention/Contact:																														
Address:		City:	State: Zip:																														
Phone:		Email:																															
11	Contractor:		Attention/Contact:																														
Address:		City:	State: Zip:																														
Phone:		Email:																															
12	<table border="1"><thead><tr><th>Commercial Permit Fees</th><th>Residential Permit Fees</th></tr></thead><tbody><tr><td>Base Fee</td><td>Single Family Dwelling Unit</td></tr><tr><td>\$0.03/sf gross area</td><td>Additional HVAC units</td></tr><tr><td>Industrialized Unit</td><td>Replacement Furnace</td></tr><tr><td>Boiler Installation</td><td>Alteration/Addition</td></tr><tr><td>Equipment (new/replace)</td><td>Air Conditioning Installation</td></tr><tr><td>Non Ducted System</td><td>Residential Boiler</td></tr><tr><td>Exhaust Hoods (ea)</td><td>Replacement Water Heater</td></tr><tr><td>Comfort Cooling Systems</td><td>Underground Heating</td></tr><tr><td>Gas Service Lines</td><td>Gas Service Lines</td></tr><tr><td>Walk-in Coolers/Freezers</td><td>Subtotal</td></tr><tr><td>Hydronic Piping/Heating</td><td>1% State Fee</td></tr><tr><td>Subtotal</td><td><b>TOTAL FEE</b></td></tr><tr><td>3% State Fee</td><td></td></tr><tr><td><b>TOTAL FEE</b></td><td></td></tr></tbody></table>			Commercial Permit Fees	Residential Permit Fees	Base Fee	Single Family Dwelling Unit	\$0.03/sf gross area	Additional HVAC units	Industrialized Unit	Replacement Furnace	Boiler Installation	Alteration/Addition	Equipment (new/replace)	Air Conditioning Installation	Non Ducted System	Residential Boiler	Exhaust Hoods (ea)	Replacement Water Heater	Comfort Cooling Systems	Underground Heating	Gas Service Lines	Gas Service Lines	Walk-in Coolers/Freezers	Subtotal	Hydronic Piping/Heating	1% State Fee	Subtotal	<b>TOTAL FEE</b>	3% State Fee		<b>TOTAL FEE</b>	
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13	<p>I hereby certify that I am the <input type="checkbox"/> Owner <input type="checkbox"/> Agent for the Owner and all information contained in this application is true, accurate, and complete to the best of my knowledge. I understand that the omission of reference to any provisions will not nullify any requirement, nor exempt any structure from such requirement of the Ohio Building Code/Residential Code of Ohio. The owner and the designer identified on the plans and construction documents shall be responsible for the design, structure, safety, and maintenance of the structure per the requirements of the Ohio Building Code/Residential Code of Ohio. The approval of the submitted application, plans, construction documents or any notations thereon, and issuance of this certificate shall not excuse the owner from complying with all rules and laws of the State and County, all of which are implied to be included herein and made a part thereof, all objections to same are hereby waived by the owner or owner's agent whose signature is hereto attached. I understand that all fees are non-refundable and non-transferable. All official correspondence in connection with this application should be sent to my attention at the address provided above in box 10.</p>																																
Print Applicant/Owner Name		Applicant/Owner Signature																															

THE AREA BELOW IS FOR OFFICIAL USE ONLY

14	Intake Person / Date: / /			
Plan Review In: / /		Plan Review Out:	Reviewer:	
Permit Specialist:	Whom contacted:		Method:	Date / /
Plan Review In: / /		Plan Review Out:	Reviewer:	
Permit Specialist:	Whom contacted:		Method:	Date / /
Plan Review In: / /		Plan Review Out:	Reviewer:	
Permit Specialist:	Whom contacted:		Method:	Date / /
Plan Review In: / /		Plan Review Out:	Reviewer:	
Permit Specialist:	Whom contacted:		Method:	Date / /
Plan Review In: / /		Plan Review Out:	Reviewer:	
Permit Specialist:	Whom contacted:		Method:	Date / /
Plan recommended for approval <input type="checkbox"/> Yes		Signature		Date / /
Plan Submittal Approved by:				Date / /
Notes:				